



The Evidence Base



What is the TLC Program?

The VHA Preventive Care Program focuses on decreasing risky health behaviors as an important strategy to reduce the burden of chronic disease seen in the VHA healthcare system within the Veteran population and to maintain health over a lifetime. One of the components of the Preventive Care Program is a pilot test of Telephone Lifestyle Coaching (TLC) for Healthy Living. Telephone coaching has been proven effective for health behavior change across a variety of behaviors, including nutrition, physical activity, weight management, tobacco cessation, stress management and unhealthy alcohol use.

The pilot TLC program is now open for provider referrals. The program consists of ten calls with a dedicated Coach for behavior change in one or more of the following areas:

- ✓ Strive for a Healthy Weight
- ✓ Be Tobacco Free
- ✓ Eat Wisely
- ✓ Be Physically Active
- ✓ Manage Stress
- ✓ Limit Alcohol

A program evaluation survey will be administered at six months after registration to collect Veterans' progress and satisfaction data.

What Coaching Methods Are Used in TLC?

To achieve effective behavior change in the six health goal areas noted above, TLC coaches use Social Cognitive Theory, Motivational Interviewing, Cognitive Behavioral Therapy, and Mindfulness techniques. All coaching is conducted over the phone, which has been shown to produce significant positive outcomes for behavior change, is convenient, and contributes to patient compliance and satisfaction.

SOCIAL COGNITIVE THEORY

TLC coaches use Social Cognitive Theory (SCT) in the coaching calls by applying a proprietary Universal Call Map, which provides a structure to each call without scripting. This model allows TLC coaches to respond to each Veteran's individual needs, while providing a logical structure to explore the Veteran's goals, develop insight into their barriers for change, and set a plan of specific and attainable actions.

MOTIVATIONAL INTERVIEWING

Motivational interviewing (MI) is a clinical method designed to guide individuals towards healthy choices and changes in behavior that are linked to improved health. MI has been defined as “a collaborative conversation to strengthen a person’s own motivation for and commitment to change” (Miller and Rollnick, 2009). MI has been proven effective across a broad range of brief behavioral interventions, including those delivered by telephone (Ludman et al., 1999). TLC coaches are trained in five MI counseling principles: avoiding argumentation, developing discrepancy, expressing empathy, rolling with resistance, and supporting self-efficacy. With MI, TLC coaches help individuals increase their awareness, build individual responsibility for behavior, instill a sense of self-efficacy, and use goal-setting to move from behavioral intention to behavioral action.

COGNITIVE BEHAVIORAL THERAPY

Cognitive Behavioral Therapy (CBT) is a therapeutic approach that helps individuals identify and correct unhelpful thought patterns that adversely affect their emotional, behavioral, and physical health (Beck et al., 1979). TLC coaches use advanced CBT skills to help Veterans develop their skills for correcting automatic thoughts and conditional rules that run counter to their health goals. CBT has been proven to be effective for a broad range of conditions and disorders (Gloaguen et al., 1998; Butler et al., 2006), and has been shown in a randomized controlled trial to promote significant weight loss and maintenance for obese individuals (Stahre and Hallstrom, 2005). CBT is also effective for eating disorders (Hay et al., 2009; Murphy et al., 2010) and because these eating patterns can disrupt attempts to lose weight, TLC coaches are trained to identify when disorders such as bingeing are present and either refer to a licensed mental health provider or deliver a brief intervention (if formal eating disorder criteria are not present).

MINDFULNESS

Mindfulness is the intentional, non-judgmental focus of one’s attention on the emotions, thoughts, and sensations occurring in the present moment. Through the “observe and accept” approach of mindfulness, one is fully present and attentive to the current experience without being pre-occupied by it. Mindfulness has been contrasted with every day, habitual mental functioning or being on “auto-pilot.” As such, mindfulness can be a valuable technique for individuals with substance abuse problems, including alcohol and tobacco, whose condition is often associated with unwanted thoughts, emotions and sensations (e.g., cravings), the tendency to be on “auto-pilot,” and pre-occupation with the “next fix,” rather than “being in the present moment.” Mindfulness skills have been found to complement and enhance CBT for addictive disorders, including tobacco addiction and alcohol abuse/misuse (Zgierska et al., 2009; Bowen and Marlatt, 2009; Witkiewitz and Bowen, 2010). Mindfulness has also been well-validated as an approach to reducing stress (Praissman, 2008; Fjorback et al., 2011); mindfulness-based stress reduction (MBSR) is now incorporated in many hospitals and medical centers across the U.S., including VA Medical Centers, where preliminary research shows it is helpful for Veterans with PTSD (Kearney et al., submitted manuscript).



Strive for a Healthy Weight



STRIVE FOR A HEALTHY WEIGHT

The weight management approach used in the TLC Program is based on the VA's successful MOVE!® Weight Management Program for Veterans (VA/DoD, 2006; Kinsinger et al., 2009); the NIH Clinical Guidelines on the Identification, Evaluation and Treatment of Overweight and Obesity in Adults (NIH, 1998); and the U.S. Preventive Services Task Force recommendation (LeBlanc et al., 2011) that clinicians screen all adults for obesity and offer intensive counseling and

behavioral interventions to promote sustained weight loss for obese adults. This approach includes education and coaching to help Veterans achieve successful initial weight loss (medically defined as 5%-10% of initial body weight) and maintain that weight loss or undergo additional weight loss in the future. Research has shown that evidence-based weight loss programs delivered via phone can produce significant and sustained results (Jeffery et al., 2003).

KEY BEHAVIORS

Weigh Regularly – Evidence shows that people who weigh themselves at least weekly are more successful at both losing weight and sustaining weight loss (Butryn et al., 2007; Wing et al., 2008).

Track Your Food – Food records promote self-awareness and accountability. Individuals who keep food records are more likely to be successful at weight loss and maintenance (Bartfield et al., 2011).

Reduce Calories and Follow a Healthy Eating Plan – Calorie reduction is critical for weight loss. Strategies include portion control, reducing dietary fat, limiting fast food and eating out, and other proven behavioral approaches (VA/DoD, 2006; Kinsinger et al., 2009; LeBlanc et al., 2011).

Increase Physical Activity – Physical activity is important for weight loss and, particularly, for weight loss maintenance. Both aerobic activity and muscle conditioning have been shown to be associated with improved weight management (Wing and Phelan, 2005; Wadden et al., 2011).

Manage Your Stress – Stressful events are a common cause for weight regain and chronic stress raises cortisol levels, which increase appetite hormones and cravings for fat and sugar. Stress management is an important strategy to achieve and sustain weight loss (Adam and Epel, 2007; Torres and Nowson, 2007).

Get Social Support – Research shows that individuals who seek social support or participate in weight loss groups are more successful in reaching their goal than those who try to lose weight without social support (Greaves et al., 2011; Leahey et al., 2011).

Get Adequate Sleep – Recent research shows a clear relationship between short sleep duration and obesity. Short sleep duration increases appetite hormones and is associated with weight gain over time. Individuals trying to manage weight are encouraged to get 7-8 hours of sleep per night to avoid these effects (LeProult and van Cauter, 2010).



Be Tobacco
Free



BE TOBACCO FREE

The tobacco cessation approach used in TLC is based on the highly effective Quit For Life® Program: the only commercial tobacco cessation program in the U.S. that has outcomes documented in large, randomized clinical trials and proof of its effectiveness published in peer-reviewed scientific journals over the course of 25 years. The program incorporates the strategies for tobacco dependence treatment as outlined in *Treating Tobacco Use and Dependence*, a Public Health Service Clinical Practice Guideline from the U.S. Department of Health and Human Services (Fiore et al., 2000), and shown to be effective in five large randomized trials (Orleans et al., 1991; Curry

et al., 1998; Swan et al., 2003; Hollis et al., 2007; McAfee et al., 2008). In addition, a number of independent public and private institutions have evaluated the Quit For Life® program, including: University of Oklahoma (College of Public Health), University of North Carolina at Chapel Hill (National Cancer Institute's landmark tobacco cessation study), Professional Data Analysts, Inc., The Gilmore Research Group, and Social Solutions International. New research findings are continually incorporated into the program, creating a dynamic product that leads the industry in innovative delivery, service quality, and effectiveness.

KEY BEHAVIORS

Set a Quit Date – Formalizing a quit plan and setting a quit date, ideally within 2 weeks of starting the program, are central components of tobacco cessation treatment that have been shown to increase the likelihood of abstinence (Fiore et al., 2008).

Manage Urges – Recognizing risky situations and learning cognitive and behavioral activities to cope with urges is an essential part of quit planning and relapse prevention (Fiore et al., 2008).

Use Quit Medications Appropriately – The combination of counseling and medication is more effective for tobacco cessation than either medication or counseling alone. All individuals attempting to quit are encouraged to use approved medications, except where contraindicated (Fiore et al., 2008).

Get Social Support – A supportive social network is associated with higher abstinence rates. Intervening to increase social support in the smoker's environment produces significant increases in abstinence rates (Fiore et al., 2008).

Control Your Environment – Removing tobacco products from the personal environment is a proven mechanism to reduce urges (Fiore et al., 2008).



Eat Wisely



EAT WISELY

The nutrition approach used in TLC is based on the MOVE!® Weight Management Program for Veterans as well as the “Dietary Approaches to Stop Hypertension” (DASH) study. Veterans work with a highly trained Registered Dietitian to develop an eating plan that is high in vegetables, fruits, whole grains and low-fat dairy and low in total and

saturated fat. Considerable research has shown that following this kind of eating plan not only lowers blood pressure but also reduces cholesterol, improves metabolic syndrome, and helps with weight management (Appel et al., 1997; Lien et al., 2007; Fung et al., 2008).

KEY BEHAVIORS

Increase Consumption of Vegetables and Fruits – This helps increase fiber and micronutrient intake and is associated with reduced risk for a number of chronic diseases (Joshiyura et al., 2001; Genkinger et al., 2004).

Eat Less Fat – This reduces risk for a number of chronic diseases and helps with weight management (Lovejoy, 2002; Damjanovic and Barton, 2008).

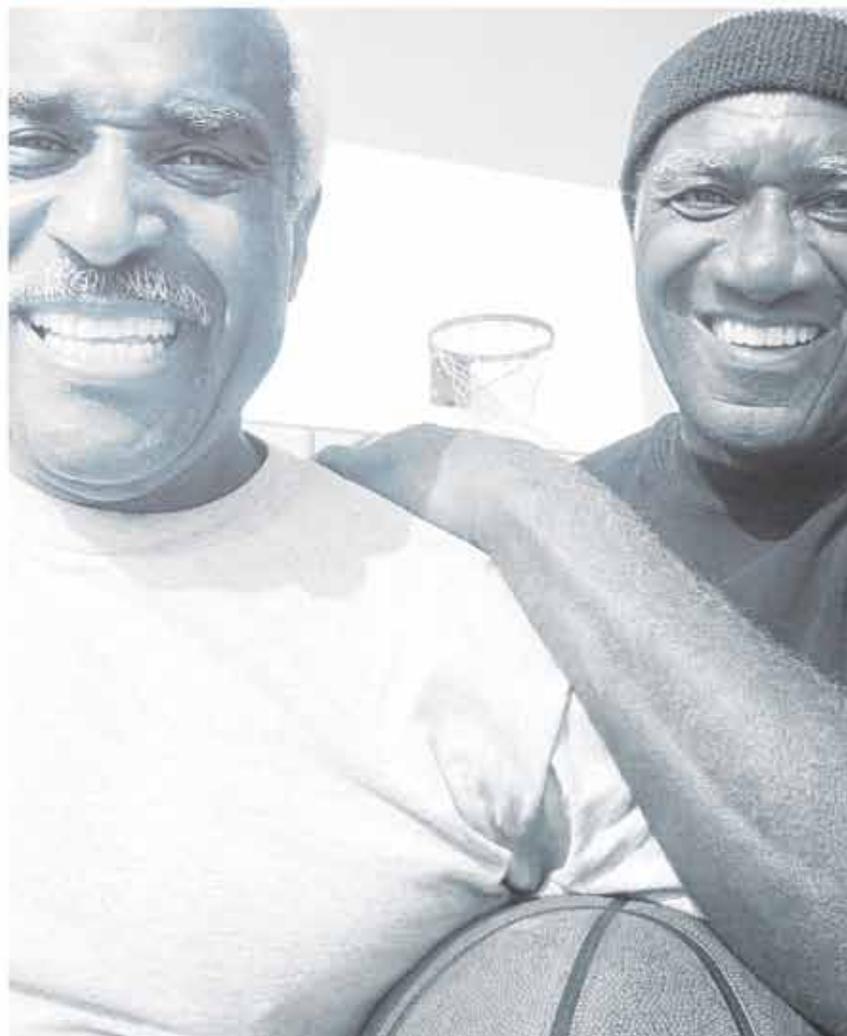
Eat Less Meat and Vary Your Protein Choices – This reduces risk for a number of chronic diseases (Aune et al., 2009; Polychronopoulos et al., 2010).

Get 2-3 Daily Servings of Low-fat Dairy – The protein in dairy products improves satiety and the calcium helps lower blood pressure and prevents osteoporosis (Ralston et al., 2011).

Increase Whole Foods and Decrease Processed Foods – Whole grains have been associated with reduced risk for a number of chronic diseases (Jonnalagadda et al., 2011) whereas processed foods such as sugars and refined grains are associated with multiple health problems (Schulze et al., 2004; Sun et al., 2010).



Be Physically Active



BE PHYSICALLY ACTIVE

The physical activity approach used in TLC is consistent with recommendations from the American College of Sports Medicine and is based on the Physical Activity Guidelines for Americans developed by the U.S. Department of Health and Human Services. Our approach is to recommend 150 minutes per week of physical activity and/or 10,000 steps per day, along with a reduction in sedentary activity. Veterans with a specific goal to increase physical activity and fitness will work with designated TLC coaches and, if needed, an

exercise physiologist, to develop and follow a more specialized physical activity plan. TLC coaches are trained in working with individuals with physical limitations or disabilities and can make referrals to relevant medical specialists within the VA as necessary. All activity plans follow the most current evidence base and include core elements of aerobic conditioning, strength and flexibility training, and long-term sustainability.

KEY BEHAVIORS

Get More Lifestyle Activity – Research shows sedentary behavior is a risk factor for chronic disease even in individuals who get regular exercise (Dunstan et al., 2007; 2010).

Build Aerobic/Cardiovascular Capacity– Regular aerobic activity has multiple physiological benefits at any age (Baster and Baster- Brooks, 2005; De Feo et al., 2006; Baker et al., 2010).

Get Stronger – Regular strength training is important for improving health, particularly in Veterans over 40 who will lose muscle mass

due to aging and inactivity (Hurley et al., 2011).

Be Flexible – Flexibility training reduces risk of injury and can prevent many of the health problems of aging (Chenowith, 1993).

Take Physical Activity Above and Beyond – The ability to modify a plan to increase physical activity regardless of current level is critical to sustaining health for a lifetime.



Manage Stress



MANAGE STRESS

The stress management approach used in TLC is based on MBSR. Veterans who want to improve their ability to manage stress will be taught to identify their stressors and develop strategies for handling stressors that they can and cannot control. Veterans will be coached on mindfulness meditation, mindful eating, managing chronic pain through mindfulness, and mindfulness for depression and anxiety. MBSR and related mindfulness-based approaches have been extensively studied over the past decade (Praisman, 2008; Fjorback

et al., 2011), including in VA populations (Kearney et al., submitted manuscript), and have been shown to reduce stress and anxiety, improve depression, reduce chronic pain, and improve stress-related conditions such as irritable bowel syndrome. Veterans will also be coached on other stress management techniques including deep breathing and progressive muscle relaxation should they wish for alternatives to MBSR.

KEY BEHAVIORS

Track Stress – Facilitates greater awareness of stress response and allows monitoring of changes in stress levels over time.

Identify Stressors – Determine what causes stress, whether or not the stressor is under direct control, and what strategy to use in response.

Practice Mindfulness – Mindfulness strategies including meditation, body scan, compassion meditation and mindful eating can be easily learned by Veterans and significantly reduce stress and stress-related symptoms.

Practice Deep Breathing – When practiced daily, reduces subjective stress by activating the parasympathetic nervous system (Duclasoares et al., 2007; Shields, 2009.)

Get Physical Activity – Moderate, but not vigorous, aerobic activity reduces cortisol levels and improves mood (Rimmele et al., 2007; Rethorst et al., 2009).



Limit Alcohol



LIMIT ALCOHOL

The approach to limiting alcohol used in TLC is based on the guidelines provided by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) in *Helping Patients Who Drink Too Much: A Clinician's Guide* (Updated 2005 Edition) and *Rethinking Drinking: Alcohol and Your Health*; and the VA/DoD Evidence-Based Practice Clinical Practice Guideline for Management of Substance Use Disorders. NIAAA guidelines define “low-risk” drinking as no more than four drinks on a single day and 14 drinks per week for men, and no more than three drinks on a single day and seven drinks per week for women.

Our approach is designed to reduce the daily and weekly consumption of alcohol to low-risk levels or abstinence and to decrease the

harm associated with higher levels of alcohol consumption. The process involves a blending of the “A’s” (Assess, Advise, Agree, Assist, and Arrange), behavioral coaching targeting alcohol misuse, and the FRAMES acronym (Feedback, Responsibility for change, Advice-giving, a Menu of change options, an Empathic counseling style, and the enhancement of Self-efficacy) with MI. The results of several meta-analyses have clearly demonstrated the efficacy of such brief interventions in reducing alcohol use and associated harm and negative consequences among adults (Whitlock et al., 1995; 2004; Dunn et al., 2001, Bradley et al., 2006).

KEY BEHAVIORS

Find Alternatives – Finding alternatives to going to the bar or drinking at home, or identifying healthier ways to feel comfortable socially are keys to reducing drinking (Sugarman and Carey, 2007).

Avoid Triggers – Removing alcoholic beverages from the home or avoiding situations or places where alcoholic beverages are being consumed has been associated with greater success reducing or abstaining from alcohol (Sugarman and Carey, 2007).

Plan to Handle Urges – Success is more likely when people plan ahead and know what they are going to do when they get an urge to

drink alcohol (U.S. Dept of Health and Human Services, 2005).

Know Your “No” – Learning how to turn down offers to drink or invitations to social drinking is a key strategy in reducing drinking (U.S. Dept of Health and Human Services, 2005).

Get Social Support – Support groups such as Alcoholics Anonymous, or simply the support of a family member or buddy who is willing to reduce drinking at the same time, greatly increases the odds of success (Bond et al., 2003).

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